

Washington State Transitional Bridge Waiver Response to Federal Review Team Questions

Based on follow-up conversations with CMS contacts, responses to Federal Review Team (FRT) questions and comments will primarily be addressed in the draft Standard Terms and Conditions with subsequent discussion as needed. Questions related to modifications recently made to Washington's proposed Transitional Bridge (e.g., as a result of discussions with Tribal delegates) will be formally addressed via letter and are briefly referenced here. Further operational questions are answered below. Strike-outs were part of the original FRT question list and remain here to keep that list intact.

Questions/Comments for which draft Standard Terms and Conditions will apply

- ~~Waiving of Section 5006 Protections—conversations needed with WA in order to work out these protections~~
 - ~~Will CMS permit the State to require mandatory enrollment in managed care for AI/AN populations?~~
 - ~~Will CMS waive cost-sharing protections for AI/AN populations or is a work around possible?~~
 - Non-emergent transportation, especially for rural AI/AN populations without access to public transportation is a particularly sensitive issue.
 - ~~Section 5006 of ARRA amended Section 1916 of the Act that prohibits cost sharing for Indians for services provided directly by Indian health programs or through referrals. Is the State requesting to waive this?~~
- What is the effective date of the demonstrations? When will the WA be prepared to begin drawing down Federal matching payments? [Note: The transitional bridge milestones listed have a start date of January 1, 2011. If the waiver is approved prior to 2011, as the State is requesting, what will the demonstration look like at the point the demonstration is approved?] Will MCS and BH operate as they currently do until 2011?
- How does the State plan to provide mental health services to BH, DL and ADATSA enrollees (i.e., keep 1915(b); incorporate 1915(b) into 1115; other)? Please explain.
- ~~On page 12, the application states that coverage for individuals terminated from Disability Lifeline (formerly Medical Care Services) as a result of exceeding the time limits prior to approval of the demonstration may be reinstated. How would this be operationalized within the context of the cap and waiting list?~~
- Seek verification that eligibility, treatment of assets and income exclusions, and assignment of medical support rights will remain the same as under BH/MCS.
- Clarify how the State will handle estate recovery for AI/AN for the MCS transition population.
- ~~Page 6. How did the state decide which populations will be included in the transitional bridge, particularly in the MCS program, and which will not? Will those not in the transitional bridge continue to receive coverage under the existing BH and MCS programs?~~
- ~~Is the State requesting federal match for individuals while they are incarcerated?~~

- ~~Page 13. Why does the state think it may need Federal approval to use TANF eligibility methodology from the start of the demonstration? What eligibility standards was the state using before for the BH and MCS programs?~~
- Concerns about implementation and verification which can be addressed by an STC for a Readiness Checklist/Review.
- Expiration of demonstration on December 31, 2013.

Questions/Comments to be addressed through a formal letter that confirms proposal modifications

- ***Please confirm the State will do annual redeterminations and screening for Medicaid for all individuals enrolled in the demonstration.***
Washington's original proposal included a milestone to screen *new* Basic Health applicants for Medicaid eligibility and enrollment. Under an approved waiver we would now expand this process to screen *enrolled* Basic Health members at the time they are formally recertified for continued enrollment in Basic Health, an annual process.
- ***Will the State pay the IHS rate or the MCO negotiated rate?***
Expansion of current systems' capacity would be required to accommodate encounter rate payments for Tribal clinics – as part of national health reform preparedness we plan to work with the Tribes toward implementation of systems changes.

Additional Questions and Comments

- ***State walk through of how trend rates calculated (page 47 of the application) and development of the PMPMs.***
Further discussion to be planned if additional questions arise.
- ***The State discusses using a data match with SSA to verify citizenship. Is this the new citizenship verification system created by Section 211 in CHIPRA? Is this the same citizenship verification system/procedure used for the State's Medicaid program? If not, how does it differ? Please confirm that all individuals enrolled in the demonstration will be required to provide a SSN.***
The citizenship verification process implemented in Washington was created by Section 211 of CHIPRA and is currently used for Medicaid and CHIP. We would use the same process for the Transitional Bridge waiver. While we currently can determine citizenship without a social security number (SSN) this applies to only a few individuals who cannot be successfully matched through the interface with SSA. For the Transitional Bridge we would expect to restrict determination of citizenship to the use of valid SSNs only. Although approximately 70% of all Basic Health enrollees have provided an SSN, declaration of SSN is currently voluntary. For purposes of any federal match request, Basic Health enrollees who do not provide a valid SSN, or for whom citizenship cannot be determined, would not be eligible.
- ***How is the waiting list managed for BH (how do individuals get on the list, how are they notified a slot has opened)? Will this same procedure continue under the demonstration?***
Individuals interested in obtaining Basic Health coverage are placed on the Waiting List on a first-come first-served basis. When enrollment levels allow enrollment from the Waiting List, Basic Health determines the number of available "slots" and notifies an equal number of wait-listed

individuals, starting with those who have been on the list the longest. Application details and deadlines for completing the enrollment process are included. We will continue to use this process during the transitional bridge period.

- ***How do Medicaid and BH programs currently coordinate to make sure that no one is enrolled in both programs?***

Basic Health and Medicaid perform a monthly electronic match process to identify any individuals enrolled in both programs. Those found to be dually-enrolled are disenrolled from Basic Health and retain their Medicaid coverage. During the Transitional Bridge we would perform this function before identifying Basic Health enrollees eligible for federal match, to ensure there is no “double” match claim.